State of West Virginia

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WEST VIRGINIA BOARD OF MEDICINE POSITION STATEMENT ON THE USE OF OPIOIDS FOR THE TREATMENT OF CHRONIC NON-MALIGNANT PAIN

Recent national guidelines have clarified the use of opioids in the management of acute pain and cancer pain. There is general consensus that opioids have a place in relieving intractable pain and suffering in the terminally ill when other measures fail, regardless of diagnosis. However, the problem of treatment of chronic non-malignant pain in the non-terminal patient is a controversial and difficult area, and guidelines are needed. The Board of Medicine appreciates the significance of this problem and urges that high priority be given to the suffering patient.

The purpose of this statement is to clarify the Board of Medicine's position on the appropriate use of opioids for patients with chronic non-malignant pain so that these patients will receive quality pain management and so that their physicians will not fear legal consequences, including disciplinary action by the Board, when they prescribe opioids in a manner described in this statement. It should be understood that the Board recognizes that opioids are appropriate treatment for chronic non-malignant pain in ***selected*** patients.

Complete documentation is essential to support the evaluation, the reason for opioid prescribing, and the overall pain management treatment plan, including documentation of all opioid prescriptions. All consultations and periodic reviews of treatment efficacy should be documented.

A physician need not fear disciplinary action by the Board if complete documentation of prescribing of opioids in chronic non-malignant pain, even in large doses, is contained in the medical records.

Nothing in this statement should be interpreted as endorsing inappropriate or imprudent prescribing of opioids for chronic non-malignant pain.

SUGGESTED REFERENCES:

Journal of Pain and Symptom Management, Volume 11, No. 4, April 1996, "Opioid Therapy For Chronic Non-Malignant Pain; A Review Of The Critical Issues", Russell K. Portnoy, M.D.

"The Use Of Opioids For the Treatment of Chronic Pain", A Consensus Statement from the American Academy of Pain Medicine and the American Pain Society, 1997.

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It is the position of the Board that effective management of chronic non-malignant pain should include:

1. a complete assessment of the pain history and the impact of pain on the patient and family;

2. a comprehensive drug history with special attention to substance abuse and effective use of analgesics;

3. a psychosocial history with special attention to psychiatric disorders or a home environment that might place the patient at high risk for noncompliance with a therapeutic regimen that would include chronic use of opioids;

4. an appropriate physical exam;

5. appropriate diagnostic studies;

6. a working diagnosis and a treatment plan that may involve a formal pain rehabilitation program, the use of behavioral strategies, the use of noninvasive techniques, or the use of medications, depending on the physical and psychosocial impairment related to the pain;

7. a specific clinical protocol that requires monthly monitoring until stable dosing is obtained and then no less often than every three month physician visits, and a single physician prescribing, or a designee in his or her absence, and a single pharmacy dispensing all opioid prescriptions;

8. education of the patient as to the practice protocol for prescribing chronic opiates, and the treatment plan detailing the risk and benefits of opioid use, and the responsibilities of the patient;

9. an assessment at each visit of control of pain, opioid-related side effects, patient functional status (physical and psychological) and patient use of the medication in the manner prescribed;

10. periodic review of treatment efficacy to ensure that the goal of minimizing pain and improving function is achieved and that opioid therapy is still indicated; and

11. consultation with a medical provider with experience and training in the management of chronic pain if the duration of prescribing opioids exceeds three to six months.

A. Paul Brooks, Jr.

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Adopted by the West Virginia Board of Medicine